

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CE08703R																		
In re Application of	Colin D. Frank																			
Application Number	09/767,050	Filed January 22, 2001																		
For	MMSE RECEPTION OF DS-CDMA WITH TRANSMIT DIVERSITY																			
Group Art. Unit	2634	Examiner Ware, Cicely Q.																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 40%;"><input type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td><td style="width: 60%; text-align: right;">\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ 420.00</td></tr><tr><td><input checked="" type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ 980.00</td></tr><tr><td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ 1480.00</td></tr><tr><td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ 2010.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.. A fee transmittal is attached in duplicate.</p> <p><input type="checkbox"/> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 39,427 )</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">November 30, 2004</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;"></td></tr><tr><td style="text-align: center;">Date</td><td style="text-align: center;">Signature</td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">847-538-5855</td><td style="border-bottom: 1px solid black; text-align: center;">Lalita W. Pace</td></tr><tr><td style="text-align: center;">Telephone Number</td><td style="text-align: center;">Type or printed name</td></tr></table> <p><b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</b></p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</p>			<input type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$ 420.00	<input checked="" type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$ 980.00	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$ 1480.00	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$ 2010.00	November 30, 2004		Date	Signature	847-538-5855	Lalita W. Pace	Telephone Number	Type or printed name
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.